

IN THE UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF MISSISSIPPI
SOUTHERN DIVISION

BOBBY J. GOLDEN

PLAINTIFF

VERSUS

CASE NO. 1:06cv1006LG-JMR

HARRISON COUNTY, MISSISSIPPI;
SHERIFF GEORGE PAYNE, OFFICIALLY
AND IN HIS INDIVIDUAL CAPACITY;
LEE OATIS JACKSON, OFFICIALLY AND
IN HIS INDIVIDUAL CAPACITY; MAJOR
DIANNE GASTON-RILEY, OFFICIALLY
AND IN HER INDIVIDUAL CAPACITY;
CAPTAIN RICK GASTON, BOOKING
SUPERVISOR, OFFICIALLY AND IN HIS
INDIVIDUAL CAPACITY; CAPTAIN
PHILLIP TAYLOR, OFFICIALLY AND IN
HIS INDIVIDUAL CAPACITY; JOHN DOES
1-5, OFFICIALLY AND IN THEIR INDIVIDUAL
CAPACITY

DEFENDANTS

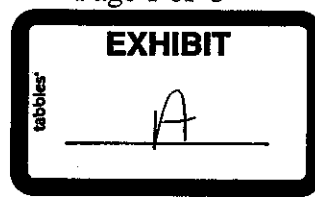
STATE OF MISSISSIPPI

COUNTY OF HARRISON

AFFIDAVIT OF WARDEN DONALD CABANA
HARRISON COUNTY SHERIFF'S OFFICE

PERSONALLY CAME AND APPEARED BEFORE ME the undersigned authority
in and for the County and State aforesaid, the within named, DONALD CABANA, who,
after first being duly sworn by me on his oath, did depose and state the following:

1. My name is DONALD CABANA, and I am over the age of twenty-one (21)
years. I am a Major with the Harrison County Sheriff's Office and I am the
Director of Corrections for the Harrison County Adult Detention Center and



have held this position since August 18, 2006. I have personal knowledge of the matters and facts contained in this Affidavit and I am competent to testify to the matters stated herein.

2. As Director of Corrections for the Harrison County Sheriff's Office, I have first hand knowledge of the maintenance and/or storage of records of the Harrison County Sheriff's Office for the Adult Detention Center and what those records reflect, including inmate medical records, inmate court records, and policies of the Harrison County Sheriff's Office.
3. I have attached hereto as **Exhibit "1"** relevant portions of Bobby Golden's inmate records. They are a true and correct copy of Plaintiff's inmate records contained in the files of the Harrison County Adult Detention Center, which are maintained in the regular course of the law enforcement function of the Sheriff of Harrison County and the Harrison County Adult Detention Center, and were generated in the regular course and pursuant to the regular activities of and duties imposed by law upon the office of the Harrison County Sheriff and made at or near the time of the matters set forth or from information transmitted by, a person with knowledge of those matters.
4. I have attached hereto as **Exhibit "2"** relevant portions of Golden's medical records contained in the files of the Harrison County Adult Detention Center, which are maintained in the regular course of the law enforcement function of the Sheriff of Harrison County and the Harrison County Adult Detention Center, and were generated in the regular course and pursuant to the regular activities of and duties imposed by law upon the office of the Harrison County Sheriff and made at or near the time of the matters set forth or from

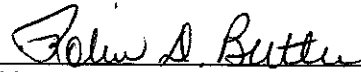
information transmitted by, a person with knowledge of those matters.

I certify the above declaration is true and correct under penalty of perjury.



Affiant/Donald Cabana
Harrison County, Mississippi

Sworn to and subscribed before me on this the 7th day of July, 2008.



Notary Public

My Commission Expires:

(SEAL)

MISSISSIPPI STATEWIDE NOTARY PUBLIC
MY COMMISSION EXPIRES NOV. 28, 2008
BONDED THRU STEGALL NOTARY SERVICE

BILLOXI <input type="checkbox"/>		GULFPORT <input checked="" type="checkbox"/>		LONG BEACH <input type="checkbox"/>		PASS CHRISTIAN <input type="checkbox"/>	
D'IBERVILLE <input type="checkbox"/>		HARRISON COUNTY <input type="checkbox"/>		OTHER <input type="checkbox"/>			
Full Name of Person Arrested (Last, First, Middle) GOLDEN, Bobby Joe				Alias, Maiden, or Nickname NONE			
Address of Defendant 8254 Louisiana Ave		City / State Gulfport, MS		Home Telephone Number () Refused		<input type="checkbox"/> None	
DL State MS	DL Number 435117575	<input type="checkbox"/> None <input type="checkbox"/> Expired <input checked="" type="checkbox"/> Suspended		DL Type <input checked="" type="checkbox"/> Operators <input type="checkbox"/> Commercial	DL Expiration Date unk		
Occupation and Employer Refused				Social Security Number unk		<input checked="" type="checkbox"/> Same as DL	
Age 40	Sex M	Race B	Height 600	Weight 180	Hair B	Eyes Bro	Scars, Birth Marks, Tattoos, Amputations NONE
Date of Birth 04/06/1964		Place of Birth (City & State) Refused		Contact in Event of Emergency Refused		Relationship -	
Contact's Address -		City / State -		Home Telephone Number () -		Business Telephone Number () -	
Date of Arrest 02/26/05	Day of Arrest S M Tu W Th Fr Sa	Time of Arrest 0137	Location of Arrest 2207 31st St. Gulfport, MS 39501		PLEA	COURT CLERK USE ONLY Disposition	
Charge / Offense <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Traffic		Date of Offense 02/26/05		Court Date / Time Pending	Bond Amount Pending		
Domestic Violence (Simple Ass. Req. med.)							
Charge / Offense <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Traffic		Date of Offense		Court Date / Time	Bond Amount		
Charge / Offense <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Traffic		Date of Offense		Court Date / Time	Bond Amount		
Charge / Offense <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Traffic		Date of Offense		Court Date / Time	Bond Amount		
Charge / Offense <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Traffic		Date of Offense		Court Date / Time	Bond Amount		
CUSTODY		<input type="checkbox"/> Released - NO Charge <input checked="" type="checkbox"/> County Jail <input type="checkbox"/> Released - Summons <input type="checkbox"/> Juvenile Shelter <input type="checkbox"/> Pre-Trial Release <input type="checkbox"/> Juvenile Detention <input type="checkbox"/> Bond Company <input type="checkbox"/> Cash Bail Receipt #		<input type="checkbox"/> Family Court <input checked="" type="checkbox"/> Municipal Court 1st <input type="checkbox"/> 2nd <input type="checkbox"/> Judicial <input type="checkbox"/> Justice <input type="checkbox"/> Circuit <input type="checkbox"/> Chancery <input type="checkbox"/>		Check All Items That Apply <input type="checkbox"/> Drinking <input type="checkbox"/> Cooperative <input checked="" type="checkbox"/> Drunk <input checked="" type="checkbox"/> Resistive <input type="checkbox"/> Drugs <input checked="" type="checkbox"/> Belligerent	
Arresting Officer (ID # and Name) 6620 M. Joseph		Assisting Officer(s) (ID # and Name) 1.		Bond Authorized By Judge HCSO Municipal Court		Total Bond	
How was Arrest Made? <input type="checkbox"/> On View <input checked="" type="checkbox"/> On Call <input type="checkbox"/> Warrant		Other Persons Arrested for Same Offense <input type="checkbox"/> None		Transporting Officer (ID # and Name) 6620 M. Joseph			
Officer Fingerprinting & Photographing		Property Seized? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Telephone Call # Called: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused		Detective Notified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individual Armed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vehicle Towed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Hold Placed On Vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Supervisor Notified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Defendants Rights Given By		Date		Time		Place	
Detention Date/Time		Officer (# & Name)		Property		Phone Call Made <input type="checkbox"/> Yes <input type="checkbox"/> No	
Facility Adult Detention <input type="checkbox"/> Juvenile Detention <input type="checkbox"/> Shelter <input type="checkbox"/>		Cell		Fingerprints Yes <input type="checkbox"/> No <input type="checkbox"/>		Mug Shot Taken Yes <input type="checkbox"/> No <input type="checkbox"/>	
Release Date/Time 03/30/05		Officer (# & Name) 190		Release Status (Bond/Time Served, Etc.) 25 SMITH		Sheriff's Receipt #	
NCIC <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Hit		NCIC #		Charges		Agency	
DOC <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Hit		<input type="checkbox"/> Probation <input type="checkbox"/> Parole		County		Offense	
Old Fines <input type="checkbox"/> Negative <input type="checkbox"/> Hit		Amount		Total Days Given		Docket Number	
Juvenile-Parent or Guardian Name		Address		City / State		Telephone #	
What Prompted Arrest Golden was arrested at the above location for simple assault requiring medical (Domestic Violence)		Street / House Number		City / State		Contacted By	

EXHIBIT
A-1

<input type="checkbox"/> Juvenile Involved		GULFPORT POLICE DEPARTMENT OFFENSE REPORT				Case Number 05-007303	
Offense DOMESTIC VIOLENCE (SIMPLE ASSAULT REQUIRING MEDICAL)							
Location of Offense / Block # 2207 31ST ST GULFPORT, MS						Zip Code 39501	
Date Occurred Date 02/26/2005 to Date 02/26/2005 Time 01:09 to Time 01:13						Date Reported 02/26/2005 Time Reported 01:13	
Offense Occurred 02/26/2005						Days of Week When Offense Occurred Su M Tu W Th Fri Sa X	
Victim's Full Name - (Last, First, Middle) CNALES, NIDA MICHELLE						Home Address (City, State, Zip) 2207 31ST ST GULFPORT, MS 39501	
Victim D.O.B. 03/21/1976						Home Telephone Number (228) 865-0744	
Sex F Race B Social Security Number 426-13-5696						Employer / School & Address UNEMPLOYED	
Full Name - (Last, First, Middle) PHILLIPS, EARNEST EARL						Home Address (City, State, Zip) 4809 INDIANA AVE GULFPORT, MS 39501	
Sex M Race B Social Security Number 587083750						Employer / School & Address 256 OAK ST. BILOXI, MS 39530	
Full Name - (Last, First, Middle) PHILLIPS, EARNEST EARL						Home Address (City, State, Zip) 256 OAK ST. BILOXI, MS 39530	
Sex M Race B Social Security Number 587083750						Employer / School & Address 256 OAK ST. BILOXI, MS 39530	
Full Name - (Last, First, Middle) PHILLIPS, EARNEST EARL						Home Address (City, State, Zip) 256 OAK ST. BILOXI, MS 39530	
Sex M Race B Social Security Number 587083750						Employer / School & Address 256 OAK ST. BILOXI, MS 39530	
Full Name - (Last, First, Middle) PHILLIPS, EARNEST EARL						Home Address (City, State, Zip) 256 OAK ST. BILOXI, MS 39530	
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Full Name - (Last, First, Middle) PHILLIPS, EARNEST EARL						Home Address (City, State, Zip) 256 OAK ST. BILOXI, MS 39530	
Sex M Race B Social Security Number 587083750						Employer / School & Address 256 OAK ST. BILOXI, MS 39530	

BILOXI <input type="checkbox"/>		GULFPORT <input checked="" type="checkbox"/>		LONG BEACH <input type="checkbox"/>		PASS CHRISTIAN <input type="checkbox"/>	
D'IBERVILLE <input type="checkbox"/>		HARRISON COUNTY <input type="checkbox"/>		OTHER <input type="checkbox"/>			
Full Name of Person Arrested (Last, First, Middle) GOLDEN, BOBBY JOE				Alias, Maiden or Nickname NONE			
Address of Defendant 8254 LOUISIANA AVE		Street / House Number GULFPORT		City / State MS 39501		Home Telephone Number () None	
DL State MS		DL Number 435117575		DL Type <input checked="" type="checkbox"/> Operators <input type="checkbox"/> Commercial		DL Expiration Date	
Occupation and Employer REFUSED				Social Security Number 435-11-7575		<input checked="" type="checkbox"/> Same as DL	
Age 40	Sex M	Race B	Height 603	Weight 180	Hair B	Eyes BRO	Scars, Birth Marks, Tattoos, Amputations None
Date of Birth 04/06/1964		Place of Birth (City & State) REFUSED		Contact in Event of Emergency REFUSED		Relationship N/A	
Contact's Address N/A		Street / House Number N/A		City / State N/A		Home Telephone Number ()	
Date of Arrest 02/26/2005		Day of Arrest S M Tu W Th Fr Sa		Time of Arrest 01:37		Location of Arrest 2207 31ST GULFPORT, MS	
Charge / Offense DOMESTIC VIOLENCE (SIMPLE ASSAULT) REQUIRING MEDICAL		<input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Traffic		Date of Offense 02/26/2005		Court Date / Time pending	
Charge / Offense		<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Traffic		Date of Offense		Court Date / Time	
Charge / Offense		<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Traffic		Date of Offense		Court Date / Time	
Charge / Offense		<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Traffic		Date of Offense		Court Date / Time	
Charge / Offense		<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Traffic		Date of Offense		Court Date / Time	
Charge / Offense		<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Traffic		Date of Offense		Court Date / Time	
C S U S T A T O U D O U S Y		<input type="checkbox"/> Released - NO Charge <input checked="" type="checkbox"/> County Jail <input type="checkbox"/> Released - Summons <input type="checkbox"/> Juvenile Shelter <input type="checkbox"/> Pre-Trial Release <input type="checkbox"/> Juvenile Detention <input type="checkbox"/> Bond Company <input type="checkbox"/> Cash Bail Receipt #		<input type="checkbox"/> Family Court <input checked="" type="checkbox"/> Municipal Court Judicial <input type="checkbox"/> 1st <input type="checkbox"/> 2nd Justice <input type="checkbox"/> Circuit <input type="checkbox"/> Chancery <input type="checkbox"/>		Check All Items That Apply <input type="checkbox"/> Drinking <input type="checkbox"/> Cooperative <input checked="" type="checkbox"/> Drunk <input checked="" type="checkbox"/> Resistant <input type="checkbox"/> Drugs <input checked="" type="checkbox"/> Belligerent	
Arresting Officer (ID # and Name) 6620 M. JOSEPH #177		Assisting Officer(s) (ID # and Name) none		Bond Authorized By Judge <u>Allen</u> HCSO Municipal Court		Total Bond N/A	
How was Arrest Made? <input type="checkbox"/> On View <input checked="" type="checkbox"/> On Call <input type="checkbox"/> Warrant		Other Persons Arrested for Same Offense <input checked="" type="checkbox"/> None		Transporting Officer (ID # and Name) 6620 M. JOSEPH #177			
Officer Fingerprinting & Photographing		Property Seized? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Telephone Call <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused		Detective Notified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individual Armed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vehicle Towed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Hold Placed On Vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Supervisor Notified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Defendants Rights Given By		Date		Time		Place	
none						Witness(es) N/A	
Detention Date/Time		Officer (# & Name)		Property N/A		Phone Call Made <input type="checkbox"/> Yes <input type="checkbox"/> No	
Facility Adult Detention <input checked="" type="checkbox"/> Juvenile Detention <input type="checkbox"/> Shelter <input type="checkbox"/>		Cell N/A		Fingerprints Yes <input type="checkbox"/> No <input type="checkbox"/>		Mug Shot Taken Yes <input type="checkbox"/> No <input type="checkbox"/>	
Release Date/Time		Officer (# & Name)		Release Status (Bond or Time Served, Etc.)		Sheriff's Receipt #	
NCIC <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Hit		NCIC #		Charges 2005-07900 C1009051		Agency	
DOC <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Hit		<input type="checkbox"/> Probation <input type="checkbox"/> Parole		County		Offense	
Old Fines <input type="checkbox"/> Negative <input type="checkbox"/> Hit		Amount		Total Days Given		Docket Number	
Juvenile - Parent or Guardian Name		Address Street / House Number		City / State		Telephone #	
						Contacted By	

What Prompted Arrest
GOLDEN WAS ARRESTED AT THE ABOVE LOCATION FOR SIMPLE ASSAULT REQUIRING MEDICAL DOMESTIC VIOLENCE.

<input type="checkbox"/> Juvenile Involved	GULFPORT POLICE DEPARTMENT DOMESTIC VIOLENCE SUPPLEMENTAL REPORT	Case Number 05-007303
Location of Incident (Street Address) 2207 31ST ST GULFPORT, MS 39501		
(1) Victim (Last, First, Middle) CNALES, NIDA MICHELLE		Race B
(2) Victim (Last, First, Middle)		Sex F
(3) Victim (Last, First, Middle)		Race
(3) Victim (Last, First, Middle)		Sex
Relationship Between Victim & Suspect <input type="checkbox"/> Spouse <input type="checkbox"/> Former / Estranged Spouse <input checked="" type="checkbox"/> Girlfriend <input type="checkbox"/> Living Together <input type="checkbox"/> Same Sex <input type="checkbox"/> Former Dating <input type="checkbox"/> Child <input type="checkbox"/> Dating / Engaged <input type="checkbox"/> Parent <input type="checkbox"/> Boyfriend <input type="checkbox"/> Former Co-Habitants <input type="checkbox"/> Other		
Nature of Complaint <input type="checkbox"/> Verbal Assault <input checked="" type="checkbox"/> Physical Assault <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Custody Dispute <input type="checkbox"/> Standby <input type="checkbox"/> Other		
Alcohol Involved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Drugs Involved <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type:		
By: <input checked="" type="checkbox"/> Suspect <input type="checkbox"/> Victim By: <input type="checkbox"/> Suspect <input type="checkbox"/> Victim Weapon Seized? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No How Used:		
Physical Attack? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Punched <input type="checkbox"/> Slapped <input type="checkbox"/> Bit <input type="checkbox"/> Pushed <input type="checkbox"/> Choked <input type="checkbox"/> Grabbed <input type="checkbox"/> Other		
Type of Threat? <input type="checkbox"/> To Take Children <input type="checkbox"/> To Damage Property <input checked="" type="checkbox"/> To Kill Victim <input checked="" type="checkbox"/> To Hurt Victim <input type="checkbox"/> To Hurt Others <input type="checkbox"/> Other - Describe:		
Victim / Reporting Party Demeanor (Check all that apply) Victim / R/P Appeared <input type="checkbox"/> Angry <input type="checkbox"/> Calm <input type="checkbox"/> Apologetic <input checked="" type="checkbox"/> Crying <input checked="" type="checkbox"/> Fearful <input type="checkbox"/> Hysterical <input type="checkbox"/> Nervous <input type="checkbox"/> Threatening <input checked="" type="checkbox"/> Afraid		
Suspect Demeanor (Check all that apply) Suspect Appeared <input checked="" type="checkbox"/> Angry <input type="checkbox"/> Calm <input type="checkbox"/> Apologetic <input type="checkbox"/> Crying <input type="checkbox"/> Fearful <input type="checkbox"/> Hysterical <input type="checkbox"/> Nervous <input checked="" type="checkbox"/> Threatening <input type="checkbox"/> Afraid		
Were Children present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did Victim Receive Medical Treatment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Where? GULFPORT MEMORIAL		
Were Victim's Injuries Visible / Apparent? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Describe: <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions <input type="checkbox"/> Lacerations <input checked="" type="checkbox"/> Contusions <input type="checkbox"/> Minor Cuts <input type="checkbox"/> Complaint of Pain		
Photographs Taken? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Photos of Victim's Injuries <input type="checkbox"/> Photos of Suspect's Injuries <input type="checkbox"/> Other:		
Evidence Collected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type:		
Evidence Disposition <input type="checkbox"/> Property Room <input type="checkbox"/> Court <input type="checkbox"/> CID <input type="checkbox"/> Domestic Violence Unit <input type="checkbox"/> Returned <input type="checkbox"/> Other:		
Narrative of Observations CNALES AND THE SUSPECT (GOLDEN, BOBBY JOE) WERE IN AN INTIMATE RELATIONSHIP AT THE TIME OF THE INCIDENT. CNALES STATED THAT GOLDEN BROKE THE REAR SLIDING GLASS DOOR TO GAIN ENTRY TO HER RESIDENCE. CNALES STATED THAT GOLDEN BECAME ENRAGED WHEN HE FOUND ANOTHER MAN (PHILLIPS, EARNEST EARL) IN THE BEDROOM WITH HER. CNALES STATED THAT GOLDEN THEN ENTERED THE BEDROOM AND ASSAULTED HER BY PUNCHING HER IN THE HEAD WITH A CLOSED FIST. CNALES STATED THAT PHILLIPS WAS THEN ASSAULTED BY GOLDEN. CNALES WAS TRANSPORTED TO GULFPORT MEMORIAL HOSPITAL. CNALES HAD A LARGE CONTUSION ON THE RIGHT SIDE OF HER FOREHEAD. GOLDEN WAS EXTREMELY INTOXICATED AND VERY BELLIGERENT.		
Reporting Officer: I.D. # 6620 Name M. JOSEPH <input type="checkbox"/> CID <input checked="" type="checkbox"/> Patrol Reviewing Supervisor: I.D. # Name Date of Report 02/26/2005		
Disposition <input type="checkbox"/> Closed - Unfounded <input type="checkbox"/> Closed - Other <input type="checkbox"/> Follow-up Domestic Violence Unit <input checked="" type="checkbox"/> Custody Report Affidavit Signed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will Sign Later		
Referrals <input type="checkbox"/> DHS <input checked="" type="checkbox"/> DV Unit <input type="checkbox"/> Women's Shelter <input type="checkbox"/> Mental Health <input type="checkbox"/> Local Area Hospital <input type="checkbox"/> Other		

White - Original/Records Yellow - Detectives/Court Gold - Patrol Pink - Dispatch
 Domestic Violence Supplemental Report

Investigation File 0005

Gulfport Police Department / 075 / September 2001

<input type="checkbox"/> Juvenile Involved	GULFPORT POLICE DEPARTMENT NARRATIVE REPORT	Case Number 05-007303
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<input type="checkbox"/> Original Report <input checked="" type="checkbox"/> Offense Supplement <input type="checkbox"/> Custody Supplement <input type="checkbox"/> Follow-up Report <input type="checkbox"/> Other	Type Offense / Incident DOMESTIC VIOLENCE (SIMPLE ASSAULT REQ. MEDICAL) TRESPASSING MALICIOUS MISCHIEF SIMPLE ASSAULT	Date of This Report 02/26/2005	Date of Original Report 02/26/2005	Zip Code 39501	Area A3
Suspect/Victim Name CNALES, NIDA MICHELLE; PHILLIPS, EARNEST EARL		Complaint Numbers of Connected Cases NONE			

Status*	Qty	Article	Brand, Make or Manufacturer	Model Name or Number	Description (Color, Size, Etc)	Serial Number and/or OAN	Value
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ON 02/26/05, APPROX. 0113 HRS., OFFICER DYE 193 AND I RESPONDED TO 2207 31ST ST IN REFERENCE TO A FIGHT. UPON ARRIVAL WE MADE CONTACT WITH B/F NIDA MICHELLE CNALES. SHE ADVISED THAT B/M BOBBY JOE GOLDEN ENTERED HER RESIDENCE BY SHATTERING THE GLASS ON THE REAR SLIDING DOOR AND PHYSICALLY ASSAULTED HER. I THEN WENT TO THE DEN WHERE I OBSERVED GOLDEN LYING FACE DOWN ON THE FLOOR BLEEDING FROM THE MOUTH. I ALSO OBSERVED SEVERAL CUTS ON GOLDEN'S FACE AND NECK. CNALES ADVISED THAT GOLDEN GOT THE INJURIES WHEN ATTEMPTED TO ASSAULT B/M EARNEST EARL PHILLIPS WHO WAS IN THE RESIDENCE WITH HER. CNALES STATED THAT AFTER BREAKING THE SLIDING DOOR GOLDEN CAME TO THE BEDROOM AND BEGAN BEATING ON THE DOOR. AT THAT TIME GOLDEN WAS TOLD TO LEAVE AND REFUSED. CNALES STATED THAT GOLDEN GAINED ENTRY TO THE BEDROOM BY KICKING THE DOOR. CNALES ADVISED THAT GOLDEN THEN BEGAN TO ASSAULT HER BY PUNCHING HER IN THE FACE WITH A CLOSED FIST. CNALES STATED SHE MOMENTARILY GOT AWAY FROM GOLDEN AND CALLED THE POLICE. SHE STATED THAT GOLDEN THEN ATTEMPTED TO ASSAULT HER AGAIN. PHILLIPS STATED THAT GOLDEN THEN ASSAULTED HIM BY GRABBING HIS SHIRT AND PUNCHING HIM WITH A CLOSED FIST. PHILLIPS STATED THAT HE PUNCHED GOLDEN SEVERAL TIMES IN AN ATTEMPT TO GET HIM OFF. GOLDEN WAS INTOXICATED TO THE POINT THAT HE DEFECATED AND URINATED ON HIMSELF. GOLDEN WAS VERBALLY ABUSIVE TOWARDS OFFICERS ON THE SCENE AND THREATENED TO KILL PHILLIPS. CNALES WAS TRANSPORTED TO MEMORIAL HOSPITAL TO RECEIVE TREATMENT FOR A LARGE CONTUSION ON HER FOREHEAD. CNALES AND WERE IN AN INTIMATE RELATIONSHIP AT THE TIME OF THE INCIDENT.

OFFENSE STATUS			
Reporting Officer: ID # 6620 Name M. JOSEPH Reviewing Supervisor: ID # Name Detective Assigned: ID # Name *Status: E - Evidence S - Stolen R - Recovered D - Damaged Evidence Disposition: <input type="checkbox"/> Property Room <input type="checkbox"/> Court <input type="checkbox"/> Detectives <input type="checkbox"/> Returned To Owner Attachments: <input checked="" type="checkbox"/> Suspect Report <input checked="" type="checkbox"/> Narrative <input checked="" type="checkbox"/> Custody <input type="checkbox"/> Vehicle Inventory <input type="checkbox"/> Property Invoice <input type="checkbox"/> NCIC Printout <input checked="" type="checkbox"/> Other: DVS		OPEN <input type="checkbox"/> Suspended / Inactive <input type="checkbox"/> Patrol Follow-up <input type="checkbox"/> Detective Follow-up Signed Affidavit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will Sign Later	CLOSED <input checked="" type="checkbox"/> Cleared Adult Arrest <input type="checkbox"/> Cleared Exceptional Adult <input type="checkbox"/> Cleared Juvenile Arrest <input type="checkbox"/> Cleared Exceptional Juvenile <input type="checkbox"/> Other Cleared Exception <input type="checkbox"/> Unfounded <input type="checkbox"/> Referred To Family Court <input type="checkbox"/> Referred To Justice Court <input type="checkbox"/> Referred To Other

White - Original/Records Yellow - Detectives/Court Gold - Patrol Pink - Dispatch
 Narrative Report

Page 04 of 05

Gulfport Police ID

Investigation File 0006

<input type="checkbox"/> Juvenile Involved	GULFPORT POLICE DEPARTMENT SUSPECT REPORT	Case Number 05-007303
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Suspect #1 Name - (Last, First, Middle) GOLDEN, BOBBY JOE		Suspect's Address 8254 LOUISIANA AVE. GULFPORT, MS 39501							
Nickname / AKA NONE	Date of Birth 04/06/1964	Age 40	Sex M	Race B	Ht 603	Wt 180	Hair B	Eyes BRO	
Suspect #2 Name		Suspect's Address							
Nickname / AKA	Date of Birth	Age	Sex	Race	Ht	Wt	Hair	Eyes	
Suspect #3 Name		Suspect's Address							
Nickname / AKA	Date of Birth	Age	Sex	Race	Ht	Wt	Hair	Eyes	
Suspect #4 Name		Suspect's Address							
Nickname / AKA	Date of Birth	Age	Sex	Race	Ht	Wt	Hair	Eyes	

Scars, Marks, Tattoos 1 2 3 4 Suspect(s) <input type="checkbox"/> Arms <input type="checkbox"/> Face <input type="checkbox"/> Upper Body <input type="checkbox"/> Lower Body <input type="checkbox"/> Unknown	Speech 1 2 3 4 Suspect(s) <input type="checkbox"/> Unknown <input type="checkbox"/> Accent <input type="checkbox"/> Lisp <input type="checkbox"/> Stutters <input type="checkbox"/> Slurred	Speech cont. 1 2 3 4 Suspect(s) <input type="checkbox"/> Nasal <input type="checkbox"/> Offensive <input type="checkbox"/> Rapid <input type="checkbox"/> Slow <input type="checkbox"/> Other	Physical Condition 1 2 3 4 Suspect(s) <input type="checkbox"/> Intoxicated <input type="checkbox"/> On Drugs <input type="checkbox"/> Physically Imp. <input type="checkbox"/> Mentally Imp. <input type="checkbox"/> Unknown	Physical Build 1 2 3 4 Suspect(s) <input type="checkbox"/> Muscular <input type="checkbox"/> Fat/Heavy <input type="checkbox"/> Medium <input type="checkbox"/> Skinny <input type="checkbox"/> Unknown
--	--	--	--	--

Teeth 1 2 3 4 Suspect(s) <input type="checkbox"/> Normal <input type="checkbox"/> Missing <input type="checkbox"/> Crooked <input type="checkbox"/> Gold/Silver <input type="checkbox"/> Stained	Teeth cont. 1 2 3 4 Suspect(s) <input type="checkbox"/> Gapped <input type="checkbox"/> Chipped <input type="checkbox"/> Dentures <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Glasses 1 2 3 4 Suspect(s) <input type="checkbox"/> No Glasses <input type="checkbox"/> Prescription <input type="checkbox"/> Sunglasses <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Facial Hair 1 2 3 4 Suspect(s) <input type="checkbox"/> Clean Shaven <input type="checkbox"/> Full Beard <input type="checkbox"/> Unshaven <input type="checkbox"/> Mustache <input type="checkbox"/> Thin Beard	Facial Hair cont. 1 2 3 4 Suspect(s) <input type="checkbox"/> Heavy Brows <input type="checkbox"/> Sideburns <input type="checkbox"/> Goatee <input type="checkbox"/> Fu Manchu <input type="checkbox"/> Unknown
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Appearance 1 2 3 4 Suspect(s) <input type="checkbox"/> Unkempt/Dirty <input type="checkbox"/> Well Groomed <input type="checkbox"/> Military <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Clothing 1 2 3 4 Suspect(s) <input type="checkbox"/> Jeans <input type="checkbox"/> Dress Slacks <input type="checkbox"/> Shorts <input type="checkbox"/> Coat/Sweater <input type="checkbox"/> Cap / Hat	Clothing cont. 1 2 3 4 Suspect(s) <input type="checkbox"/> Dress Shirt <input type="checkbox"/> Pull Over <input type="checkbox"/> Dark Clothing <input type="checkbox"/> Light Clothing <input type="checkbox"/> Gloves	Clothing cont. 1 2 3 4 Suspect(s) <input type="checkbox"/> Wk Clothes <input type="checkbox"/> Uniform <input type="checkbox"/> Mask <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Hair 1 2 3 4 Suspect(s) <input type="checkbox"/> Shoulder <input type="checkbox"/> Military Cut <input type="checkbox"/> Balding <input type="checkbox"/> Short <input type="checkbox"/> Unknown
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SUSPECT VEHICLE

License Number	State	Veh. Yr.	Make	Model	Color / Color
V.I.N. Number			Damage / Decals / Comments		
Remarks: GOLDEN AND THE VICTIM (CNALES, NIDA MICHELLE) WERE IN AN INTIMATE RELATIONSHIP AT THE TIME OF THE INCIDENT.					

Reporting Officer: I.D. # 6620 Name M. JOSEPH	<input checked="" type="checkbox"/> Patrol <input type="checkbox"/> Narcotics <input type="checkbox"/> CID	Reviewing Supervisor: I.D. # Name	Date of Report 02/26/2005
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White - Original/Records Yellow - Detectives/Court Gold - Patrol Pink - Dispatch
 Suspect Report

Gulfport Police Departm

Investigation File 0007

AMERICAN MEDICAL RESPONSE
Gulf Coast Division
Patient Care Report

Birmingham (205) 970-8700
Gulfport / Mobile / New Orleans / Slidell (800) 677-1124
Jackson / Natchez (888) 267-1920
Monroe (800) 456-8542

AMB. #	Date	TAG #	TX Miles	# PTs TX in Unit	# Refusals	TX FROM:	Approx. Incident Time		
73	2/26/05				1	GPT PD			
PATIENT NAME		Last	First	M.I.	Age	TX TO:	Call Received		
		GOLDEN	BOBBY	J.		REFUSAL BY GPT			
<input type="checkbox"/> F	TO Scene	<input type="checkbox"/> DE LINE	<input type="checkbox"/> CA	<input type="checkbox"/> B	DESTINATION CHOSEN BY:		Amb. Dispatched		
<input checked="" type="checkbox"/> M	FR Scene	<input type="checkbox"/> DE LINE	<input type="checkbox"/> SPEC	(check all that apply)		STATUS AT DEST.	Amb. Enroute		
DRY RUN INFORMATION				<input type="checkbox"/> Attendant	<input type="checkbox"/> Patient	ALS ONLY	Amb. Arrived Scene		
<input checked="" type="checkbox"/> Refused (3)	<input type="checkbox"/> False Call (1,5,7,9)	<input type="checkbox"/> Closest Facility	<input type="checkbox"/> Police	<input type="checkbox"/> Improved	<input type="checkbox"/> MD @ Scene	<input type="checkbox"/> White <input type="checkbox"/> Other	Pl. Contact		
<input type="checkbox"/> POV (4)	<input type="checkbox"/> Pronounced (6)	<input type="checkbox"/> Doctor	<input type="checkbox"/> Protocol	<input type="checkbox"/> No Change	<input type="checkbox"/> Protocol	<input type="checkbox"/> Black	Amb. Depart Scene		
<input type="checkbox"/> Rx, No Tx (3)	<input type="checkbox"/> No Rx, DOS (6)	<input type="checkbox"/> Guardian	<input type="checkbox"/> By Pass	<input type="checkbox"/> W/S Ceased	<input type="checkbox"/> Verbal	<input type="checkbox"/> Asian	Arrive Dest.		
<input type="checkbox"/> Rx, Tx - Other (3)			<input type="checkbox"/> Diversion		<input type="checkbox"/> Written	<input type="checkbox"/> Hispanic	Available		
MECHANISM		PRIOR MEDICAL HX		PATIENT PROTECTION (mvs)		CPR			
TRAUMA CALLS ONLY. CHECK ALL THAT APPLY		Check All That Apply		<input type="checkbox"/> Shoulder Belt <input type="checkbox"/> Helmet		Arrest to CPR? <input type="checkbox"/> <4 <input type="checkbox"/> 4-8 <input type="checkbox"/> 9-15 <input type="checkbox"/> >15			
<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Burns	<input type="checkbox"/> Cardiac	<input type="checkbox"/> EENT	<input type="checkbox"/> Lap Belt	<input type="checkbox"/> Safety Seat	Arrest to ALS? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<input type="checkbox"/> Death-Same MV	<input type="checkbox"/> Deformity 20+ in.	<input type="checkbox"/> Endocrine	<input type="checkbox"/> Gastro-Intestinal	<input type="checkbox"/> Air Bag	<input type="checkbox"/> None Used	Arrest to Defib? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<input type="checkbox"/> Ejection	<input type="checkbox"/> Extricate > 20 min.	<input type="checkbox"/> Hematologic	<input type="checkbox"/> Hepatic	Was Seatbelt Automatic?		Pulse Restored? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Fall <20'	<input type="checkbox"/> Fall >20'	<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Integumentary	<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Flail Segment	<input type="checkbox"/> Intrusion 12+ in.	<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Neurological	PATIENT LOCATION		PUPILS			
<input type="checkbox"/> Limb Paralysis	<input type="checkbox"/> Motorcycle 20+ mph/sep	<input type="checkbox"/> No Medical History	<input type="checkbox"/> Psychological	<input type="checkbox"/> Drv <input type="checkbox"/> Pass <input type="checkbox"/> Rear <input type="checkbox"/> Other		L R			
<input type="checkbox"/> Ped. Run-over	<input type="checkbox"/> Ped vs MV 5+ mph	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Vascular	INITIAL AVPU/GCS		Bystander <input type="checkbox"/> None			
<input type="checkbox"/> Rollover	<input type="checkbox"/> Poss. Self-Inflicted	<input type="checkbox"/> Renal/GU	<input type="checkbox"/> Unknown	Eyes Verbal Motor		Police <input type="checkbox"/> None			
<input type="checkbox"/> Speed 40+ mph		<input type="checkbox"/> Other		A <input type="checkbox"/> Spon <input type="checkbox"/> Orient <input type="checkbox"/> Obeys		Medical <input type="checkbox"/> None			
				V <input type="checkbox"/> Spch <input type="checkbox"/> Confus <input type="checkbox"/> Local		Fire Dept <input type="checkbox"/> None			
				P <input type="checkbox"/> Pain <input type="checkbox"/> Inappr <input type="checkbox"/> Withdr		CAP REFILL			
				U <input type="checkbox"/> None <input type="checkbox"/> Garble <input type="checkbox"/> Flexion		RESPI EXPN			
				<input type="checkbox"/> None <input type="checkbox"/> Extend		<input type="checkbox"/> < 2 sec. <input type="checkbox"/> Normal			
				SKIN CONDITION		<input type="checkbox"/> > 2 sec. <input type="checkbox"/> Abnormal			
				<input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> M		<input type="checkbox"/> None <input type="checkbox"/> None			
TIME (24hr)	B/P	P	R	O2 sat	ECG (attach)	EMS PERSONNEL	NO. LEVEL TX MISCELLANEOUS		
						Driver JOHNSON	2358 P - Records Tx? <input type="checkbox"/> Y <input type="checkbox"/> N		
						Medic in Chrg DARNES	2357 P - S/S of SCI? <input type="checkbox"/> Y <input type="checkbox"/> N		
						GPD	DNRRAD? <input type="checkbox"/> Y <input type="checkbox"/> N		
						GPD	Alert ID Tag <input type="checkbox"/> Y <input type="checkbox"/> N		
							Contact w/ Blood/Fluids <input type="checkbox"/> Y <input type="checkbox"/> N		
							Work Related <input type="checkbox"/> Y <input type="checkbox"/> N		
TIME (24hr)	AID GIVEN: Include Meds, Amt, Route, ETCO2, CBG, Laryngoscopy O2 Sat, Etc.				S	U	# of ATMP	EMP. #	Dispatched Nature of Call/ EMD Determinant
	ALS ASSESSMENT: YES <input type="checkbox"/> NO <input type="checkbox"/>				1		1	2355	UNKNOWN
									Nature of Call @ Scene. (Inc. C/C)
									PT INTOXICATED
									Patient Found: (On floor, in bed, etc.)
									AMBULATORY
									Why Was TX by Ambulance Medically Necessary?
									REFUSAL

NARRATIVE: (C) Chief Complaint (H) Hx of Present Illness (A) Assessment (R) Rx Treatment (T) Transport Treatment, Changes, Condition

40 YOM FOUND UNRESPONSIVE ON SCENE IN CUSTODY OF GPT PD STATES PT IS INTOXICATED AND WAS INVOLVED IN ALTERCATION. PT STATES "I DONT NEED YOU DENIES ANY CP, SOB, ABD PAIN OR N/V. NO PMH. PT IS ADOX3, ABCS (+), SKIN W/ 2 UNIDENTIFIABLE, @PM5X4. ALS ASSESS. GPT TAKES RESPONSIBILITY AND ADVISES RETX. ADVISED CONSEQUENCES & GOOD UNDERSTANDING BY GPT. N/TX, GPT SIGNED REFUSAL AND WITNESSED.

Attd. #1 Sig, Title/Level & No.	MD Signature (Only if Orders or Medicaid)	Pt Belongings:	Person Rec. Belongings
Attd. #2 Sig, Title/Level & No.	MD Printed Name & Hospital	Refusal Phone #:	Refusal Address:
		NONE	8254 LOUISIANA AVE GPT, MS 39501

**GENERAL AFFIDAVIT
GULFPORT MUNICIPAL COURT**

CASE # 05-007303

DCC: V. ODOM

Approved by: *[Signature]*

**STATE OF MISSISSIPPI
HARRISON COUNTY
THE CITY OF GULFPORT**

Personally appeared before me, the undersigned Deputy Municipal Court Clerk of the City of Gulfport, Mississippi **MARK JOSEPH #177** who makes oath on information that on or about the **26th** day of **February**, **2005**, within the corporate limits of said City and in the jurisdiction of this court **BOBBY JOE GOLDEN**

did purposely, knowingly and unlawfully COMMIT AN ACT OF DOMESTIC VIOLENCE IN THAT HE CAUSED BODILY INJURY TO NIDA MICHELLE CNALES, BY STRIKING HER IN THE HEAD WITH A CLOSED FIST, RESULTING IN A LARGE CONTUSION ON THE RIGHT SIDE OF HER FOREHEAD WHICH REQUIRED MEDICAL TREATMENT, AT 2207 - 31ST STREET. NIDA MICHELLE CNALES HAD THE FOLLOWING RELATIONSHIP TO BOBBY JOE GOLDEN AT THE TIME OF THE ASSAULT: BOYFRIEND AND GIRLFRIEND LIVING IN SEPARATE RESIDENCE.

This in the City of Gulfport, First Judicial District, Harrison County, State of Mississippi, in violation of § 97-3-7(3) Mississippi Code of 1972, Annotated and Amended; against the peace and dignity of the State of Mississippi and contrary to the ordinances of said City in such cases made and provided and the good order and peace thereof.

Mark S. Joseph #177

Affiant

Sworn and subscribed before me on February 26, 2005

[Signature] #634

Deputy Court Clerk

IN THE MUNICIPAL COURT OF THE CITY OF GULFPORT
FIRST JUDICIAL DISTRICT OF HARRISON COUNTY, MISSISSIPPI

City of Gulfport

VERSUS

Bobby J. Golden

DOCKET NO. 050226

CASE # 05-067303

WAIVER OF RIGHTS AND ENTRY OF GUILTY PLEA

I, the undersigned Defendant, desire to plead guilty to the charge(s) of:

Domestic Violence (2nd)

I understand that by pleading guilty to this (these) charge(s) I will be found guilty and sentenced by the Court.

I understand the sentence may include a fine, restitution, court costs, probation, and or imprisonment in jail.

I understand that by entering this plea that I am giving up the following rights:

I am giving up the right to a speedy and public trial.

I am giving up the right to cross-examine witnesses who may testify against me.

I am giving up the right to call and/or subpoena witnesses to testify in my behalf.

I am giving up the right to have legal representation.

I am giving up the right to require that the City prove the charges against me beyond a reasonable doubt.

I am giving up the right to testify in my own behalf.

I understand that if I am later convicted of another crime, my guilty plea in this case could cause me to receive a more severe penalty for that later crime.

I hereby certify under oath that in entering this plea, no promises have been made nor has any duress or coercion been applied.

I further certify under oath that I have read and understand all of the above and that I desire to waive my rights and enter a plea of guilty.

Bobby J. Golden
Defendant

SWORN TO AND SUBSIGNED BEFORE ME, this the 1st day of Mar, 2008

GMC-FORM-MC-48(5-8-03)

[Signature]
Municipal Court Judge

STATE OF MISSISSIPPI

County of Harrison
City of Gulfport



To: Harrison County Sheriff's Department

Case #: 05-007303

Name: Bobby J Golden

269382

Disposition is as follows:

Domestic Violence Simple Assault req. Med.

(2nd) \$622 fine
180 day jail 165 days sup.
15 days to served

Credit for time served

5
M
M
A

And was **ORDERED** by the Municipal Court.

Date: 03/01/2005

Judge of the Municipal Court

MUNICIPAL COURT
City of Gulfport
2200 - 15th Street
Gulfport, Mississippi 39501
228-868-5855

IN THE MUNICIPAL COURT OF THE CITY OF GULFPORT
 FIRST JUDICIAL DISTRICT OF HARRISON COUNTY, MISSISSIPPI

CITY OF GULFPORT

PLAINTIFF

VERSUS

DOCKET NUMBER 05-03-01

Golden
Bobby Joe Golden

DEFENDANT

JUDGEMENT ON PLEA

THIS CAUSE CAME TO BE HEARD this date, the Defendant having appeared in open Court in proper person, having been advised of the right to a trial on the issues, of the rights being waived by entering a plea of guilty, and having advised the Court that said Defendant desires to plead guilty to the charges set forth below. The court is of the opinion that the plea of guilty is freely, knowingly and intelligently made, that sufficient evidence exists to adjudge the Defendant guilty, and that the plea should be accepted. It is therefore,

ORDERED that the Defendant be sentenced as follows:

Domestic Violence Simple Assault - 622
150 days jail, 165 day s/s, 15
days to serve

IT IS FURTHER ORDERED that the above fine/sentence be implemented or paid as follows:

not pay for day - credit for 1/3 to
all given
 SO ORDERED this the 15 day of Mar 2005

Total
\$622.00

MUNICIPAL COURT JUDGE

HARRISON COUNTY ADULT DETENTION FACILITY

411523CA8

Classification Record

I. Assessment/Reassessment

Name: Golden, Bobby DOB: 4-6-64Social Security #: 435117575 BSC: 6 Doc #: 2109382Current Charges: Assault (9v) M or F Sentenced Pre-trialCustody Level Decision: MinimumHousing Assignment: _____
Block Section CellCHECK LIST

	YES	NO
Handbook Provided	<u>X</u>	_____
Visitation Form Provided	<u>X</u>	_____
Special Skills _____	_____	<u>X</u> (list skills verbalized)
ID Band Issued	<u>O</u>	_____
Property Receipt Copy	<u>O</u>	_____
Religion Preference	<u>Baptist</u>	_____

SPECIAL SKILLS

INMATE CAN READ Yes X No _____

INMATE CAN WRITE Yes X No _____

PHYSICAL CONDITION Poor _____ Good X Fair _____ (Visual Appearance)

Comments HB P Bad BehaviorLANGUAGE English X Spanish _____ Other _____

By signing below I acknowledge that I have been advised on my charges and that I have been provided with a visitation form and a Harrison County Adult Detention Facility Inmate Handbook. That is issued to me, as an inmate of the HCADC for my use but must be returned to booking upon my release.

[Signature] 2.26.05
Inmate's Signature Date

[Signature]
Classification Officer

250
Badge #

2.26.05
Date

Name _____ Last _____ First _____ Middle Initial _____	AIS # _____
Date _____ Allergies _____	Facility _____
SIG. _____	Discontinue _____ Continue _____ Increase _____ Decrease _____
Physician Signature: _____	

NC002

Name _____ Last <u>Golden</u> First <u>Bobby</u> Middle Initial _____	AIS # <u>269382 BC</u>
Date <u>3/1/05</u> Allergies _____	Facility _____
SIG. _____ <u>→ Cleon Dyl Laceration BIO</u> <u>x 3 days & 5 days</u> <u>→ Risperdal 800mg 70 BIO x 3 days</u>	Discontinue <u>Noted</u> Continue <u>3-1-05</u> Increase <u>M. Dunder</u> Decrease <u>0040</u>
Physician Signature: _____	

NC002

Name _____ Last <u>Golden</u> First <u>Bobby</u> Middle Initial _____	AIS # <u>269382 BC</u>
Date <u>2/28/05</u> Allergies <u>NKA</u>	Facility _____
SIG. _____ <u>Mobum 800mg i PO BIO x 3 days</u>	Discontinue <u>MAR</u> Continue <u>8</u> Increase <u>2/28/05</u> Decrease _____
Physician Signature: <u>Dr. Compton / Dr. White</u>	

NC002

Name _____ Last <u>Golden</u> First <u>Bobby</u> Middle Initial _____	AIS # <u>269382</u>
Date <u>2/26/06</u> Allergies _____	Facility _____
SIG. _____ <u>Apply skin slaps to @ eyebrow laceration</u>	Discontinue _____ Continue _____ Increase _____ Decrease _____
Physician Signature: <u>Dr. Compton / Dr. White</u>	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> EXHIBIT <u>A-2</u> </div>

Name _____ Last _____ First _____ Middle Initial _____	AIS # _____
Date _____ Allergies _____	Facility _____
SIG. _____	Discontinue _____ Continue _____ Increase _____ Decrease _____
Physician Signature: _____	

NC001

Name _____ Last <u>Golden</u> First <u>Bobby</u> Middle Initial _____	AIS # <u>269382 BC</u>
Date <u>3/1/05</u> Allergies _____	Facility _____
SIG. _____ <u>→ Cleon Rgl Lavanon BID</u> <u>x 3 days to Subst</u> <u>→ Rbipaten 800mg TID BID x 3 days</u>	Discontinue _____ Continue _____ Increase _____ Decrease _____
Physician Signature: _____	<u>Noted</u> <u>3-1-05</u> <u>M. Duncanson</u> <u>0040</u>

NC001

Name _____ Last <u>Golden</u> First <u>Bobby</u> Middle Initial _____	AIS # <u>269382 BC</u>
Date <u>2/28/05</u> Allergies <u>NKA</u>	Facility _____
SIG. _____ <u>Mobum 800mg TID PO BID x 3 days</u>	Discontinue _____ Continue _____ Increase _____ Decrease _____
Physician Signature: _____ <u>Dr. Compton / G. White</u>	<u>MAR</u> <u>8</u> <u>2/28/05</u>

NC002

Name _____ Last <u>Golden</u> First <u>Bobby</u> Middle Initial _____	AIS # <u>269382</u>
Date <u>2/26/05</u> Allergies _____	Facility _____
SIG. _____ <u>Apply skin singa to @ me know lachatin</u>	Discontinue _____ Continue _____ Increase _____ Decrease _____
Physician Signature: _____ <u>Dr. Compton / M. Duncanson</u>	

NC002

HEALTH ASSURANCE LLC

*PHYSICIAN'S
PROGRESS NOTES*

ALLERGIES

[illegible]

HEALTH ASSURANCE LLC

NURSES NOTES

DATE	TIME	
2/26	1200 noon	- Called to block to assess inmate. Inmate involved in altercation last p.m. with police. Laceration noted above R eyebrow approx 2 cm in length. Small area gapping open. Cleaned, applied antibiotic ointment & steri-strip x2. Also superficial scratch/abrasion to face - cleaned. Instructions re s/s of infection & to report. 130/80, 90, 14. Well mass 3-5 days. Allergic
2/28/05	0830	Seen in medical. No pain in D side of ribs during breathing, moving or coughing. Lungs CTA breath sounds bilateral. Skin appears to have a darker pigmentation down bilateral sides & below umbilicus. Bruising noted. Scratch marks noted to back of neck, chin, bilateral cheeks & D ear. Bilateral bruising noted to eyes. D eye & redness noted in sclera. Bandaid & steri-strips intact above R eye. B/P 158/82, P 76 R-14. Will schedule c mo - C. Whitaker
3/1/05	20:00	Wt 156 lbs, Res < 12, P = 70 B/P 132/74 So fight. File C. Whitaker
INITIAL SIGNATURE		INITIAL SIGNATURE
		INITIAL SIGNATURE
		INITIAL SIGNATURE
NAME- LAST		FIRST
Golden		Bobby
		MIDDLE
		ALLERGIES
		INMATE #

NURSE NOTES

HEALTH ASSURANCE LLC

NURSES NOTES

[illegible]

NURSE NOTES